

Benefit Access Fee Election



King County

Benefits and Retirement
Operations

To elect a different benefit access fee option because of a qualifying event, complete and return this form *within 30 days* of the qualifying event to Benefits and Retirement Operations, The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle, WA 98104-2333.

Employee _____ Birth date _____

PeopleSoft Employee ID _____

Mailing address _____ Apt _____

City _____ State _____ ZIP _____

Daytime phone _____ Evening phone _____

Benefit Access Fee Election

Employees pay a \$35/month benefit access fee for covering a spouse/domestic partner on county medical insurance when the spouse/domestic has access to medical insurance through another employer. Please select the option below that applies to you as a result of your qualifying event. By checking an option, you affirm that the statement is true.

Effective with the next available payroll cycle, make my election:

☐ Opt Out or No SP/DP – \$0

I am either opting out or do not have a spouse or domestic partner. I understand I will not be charged a benefit access fee.

☐ No Coverage for SP/DP – \$0

I choose not to cover my spouse or domestic partner with King County medical benefits. I understand I will not be charged a benefit access fee.

☐ SP/DP is a KC Employee – \$0

My spouse or domestic partner is a King County benefit-eligible employee. I understand I will not be charged a benefit access fee.

☐ SP/DP Benefit Access Fee – \$35

My spouse or domestic partner has access to medical coverage through his/her employer; however, I choose to cover my spouse through King County and will pay the \$35 monthly access fee.

☐ SP/DP No Access to Health – \$0

My spouse or domestic partner is either not employed or his/her employer does not offer medical coverage to employees in his/her classification. I understand I will not be charged a benefit access fee.

Authorize your request

The information I've provided is true, correct and complete. I understand that providing false information on this form may lead to disciplinary action up to and including discharge from employment.

Paid ☐ 5th and 20th each month ☐ Every other Thursday

Employee Signature _____ Date _____

For Office Use Only

Date received	Received by	Date effective
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